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Florida Department of State

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From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160 Phone

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FLORIDA LIMITED LIABILITY CO. NATIONAL ADDICTION CONSULTANTS, LLC

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

NATIONAL ADDICTION CONSULTANTS, LLC

ARTICLE II ADDRESS

The principal office of the Limited Liability Company is:

899 JEFFREY STREET #210

BOCA RATON, FLORIDA 33487

The mailing address of the Limited Liability Company is:

PO BOX 1079

BOCA RATON, FLORIDA 33429

2010 DEC 17 AM & 32 SECRETARY OF SIMIL FALL AHASSEE FLARIBA

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

The name and the Florida street address of the registered agent are:

SUPERBIZ REGISTERED AGENT, INC.

2761 VISTA PARKWAY, STE E4

WEST PALM BEACH, FLORIDA 33411

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

SUPERBIZ REGISTERED AGENT, INC. / Registered Agent's signature

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ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
CAMILLE DE FILIPPO
PO BOX 1079
BOCA RATON, FLORIDA 33429

2010 DEC 17 AM 8432
SECRETARY SE STALL
TALLAHASSEE, FLERBA

Signature of a member or an authorized representative of a member (In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

CAMILLE DE FILIPPO